

AO 240 (Rev. 10/03)
DELAWARE (Rev. 4/05)UNITED STATES DISTRICT COURT
DISTRICT OF DELAWARE

2008 AUG 12 PM 1:25

DEMETRICE Smith

Plaintiff

Simm Associates

Defendant(s)

APPLICATION TO PROCEED
WITHOUT PREPAYMENT OF
FEES AND AFFIDAVIT

CASE NUMBER: 507

I, Demetrice Smith

declare that I am the (check appropriate box)



Petitioner/Plaintiff/Movant

☐ Other

in the above-entitled proceeding; that in support of my request to proceed without prepayment of fees or costs under 28 USC §1915, I declare that I am unable to pay the costs of these proceedings and that I am entitled to the relief sought in the complaint/petition/motion.

In support of this application, I answer the following questions under penalty of perjury:

1. Are you currently incarcerated? ☐ Yes ☒ No (If "No" go to Question 2)

If "YES" state the place of your incarceration _____

Inmate Identification Number (Required): _____

Are you employed at the institution? _____ Do you receive any payment from the institution? _____

Attach a ledger sheet from the institution of your incarceration showing at least the past six months' transactions

2. Are you currently employed? ☐ Yes ☒ No

a. If the answer is "YES" state the amount of your take-home salary or wages and pay period a and give the name and address of your employer.

b. If the answer is "NO" state the date of your last employment, the amount of your take-home salary or wages and pay period and the name and address of your last employer.

3. In the past 12 twelve months have you received any money from any of the following sources?

- a. Business, profession or other self-employment
b. Rent payments, interest or dividends
c. Pensions, annuities or life insurance payments
d. Disability or workers compensation payments
e. Gifts or inheritances
f. Any other sources * Unemployment

- ☐ Yes
☐ Yes
☐ Yes
☐ Yes
☐ Yes
☒ Yes

- ☒ No
☒ No
☒ No
☒ No
☒ No
☒ No

If the answer to any of the above is "YES" describe each source of money and state the amount received AND what you expect you will continue to receive.

Unemployment Benefits weekly \$297.00: I will be receiving
Til September 2008, Benefits ran out after September

AO 240 Reverse (Rev. 10/03)
DELAWARE (Rev. 4/05)

4. Do you have any cash or checking or savings accounts?

☒ Yes ☐ No

If "Yes" state the total amount \$ 5.00 checking.

5. Do you own any real estate, stocks, bonds, securities, other financial instruments, automobiles or other valuable property? \$17,000 owe to

☒ Yes ☐ No

CREDIT ACCEPTANCE

If "Yes" describe the property and state its value. CAR NOTE \$400.00 MONTH.

CAR NOTE I AM BEHIND ON 5 MONTHS.
OWE \$2,015.00, THE CAR IS IN Repo. STATUS

6. List the persons who are dependent on you for support, state your relationship to each person and indicate how much you contribute to their support, OR state NONE if applicable.

NO KIDS
MONTHLY RENT TO LISA HUGHES. \$400.00 MONTHLY.

I declare under penalty of perjury that the above information is true and correct.

8/4/2008
DATE

[Signature]
SIGNATURE OF APPLICANT

NOTE TO PRISONER: A Prisoner seeking to proceed without prepayment of fees shall submit an affidavit stating all assets. In addition, a prisoner must attach a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months in your institutional accounts. If you have multiple accounts, perhaps because you have been in multiple institutions, attach one certified statement of each account.

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ECHO

DELAWARE DEPARTMENT OF LABOR
UNEMPLOYMENT INSURANCE CLAIM HISTORY
PAYMENT HISTORY

08/04/2008

SSN: ████████ 6071

NAME: D SMITH

CLAIM DATE: 03/30/2008

FC	CHK	DATE	CHK NUM	CWED	WBA	EARNGS	ADJ	OPY	CHS	FIT	NET	BALA	ML
-10	08/04/08	7676004	08-02	330			330			33	297	2640	
10	07/28/08	7664001	07-26	330			330			33	297	2970	
10	07/21/08	7652350	07-19	330			330			33	297	3300	
10	07/14/08	7642143	07-12	330			330			33	297	3630	
10	07/07/08	7632911	07-05	330			330			33	297	3960	
10	06/30/08	7624055	06-28	330			330			33	297	4290	
10	06/23/08	7615897	06-21	330			330			33	297	4620	
10	06/18/08	7614643	06-14	330			330			33	297	4950	
10	06/09/08	7600327	06-07	330			330			33	297	5280	
10	06/02/08	7592951	05-31	330			330			33	297	5610	
10	05/27/08	7584978	05-24	330			330			33	297	5940	
10	05/19/08	7576362	05-17	330			330			33	297	6270	
10	05/12/08	7568790	05-10	330			330			33	297	6600	
10	05/05/08	7561176	05-03	330			330			33	297	6930	

F2=NXT

F4=EXT

F6-PND F8=WAG F9=HST F10=DIS F11=NT ECHOMAP

ECHOINQ

*History of Benefits Received
For 6 months*

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ECHO

DELAWARE DEPARTMENT OF LABOR
 UNEMPLOYMENT INSURANCE CLAIM HISTORY
 PAYMENT HISTORY

08/04/2008

SSN: [REDACTED] 6071

NAME: D SMITH

CLAIM DATE: 03/30/2008

FC	CHK	DATE	CHK	NUM	CWED	WBA	EARNGS	ADJ	OPY	CHS	FIT	NET	BALA	ML
10	04/28/08	7552596	04-26	330				330			33	297	7260	
10	04/21/08	7544733	04-19	330				330			33	297	7590	
10	04/14/08	7536605	04-12	330				330			33	297	7920	
10	04/07/08	7528233	04-05	330				330			33	297	8250	

OLD CLAIM 03/25/2007

10	03/31/08	7519150	03-29	8	330			330				330	685	
10	03/24/08	7510483	03-22	330				330				330	1015	
10	03/17/08	7501752	03-15	330				330				330	1345	
10	03/10/08	7492420	03-08	330				330				330	1675	
10	03/04/08	7488573	03-01	330				330				330	2005	
10	02/28/08	7480756	02-23	330				330				330	2335	
10	02/28/08	7480756	02-16	330				330				330	2665	
10	02/28/08	7480756	02-09	330				330				330	2995	
10	02/28/08	7480755	02-02	330				330				330	3325	

F2=NXT F3=PRV F4=EXT

F6-PND F8=WAG F9=HST F10=DIS F11=NT ECHOMAP
 ECHOINQ